

LIMITATIONS ON SERVICES (Cont.)**7d. Physical, Occupational, Speech Therapy in Patient's Home**

Physical therapy, occupational therapy, and speech pathology are provided according to a plan of treatment. OMAP Home Health Care Services Guide describes services provided, prior authorization requirements, and limitations of services and payments.

8. Private Duty Nursing Services

Private duty nursing services are provided according to a plan of treatment. OMAP Private Duty Nursing Services Guide and the Medically Fragile In-Home Supports Oregon Administrative Rules describes services provided, prior authorization requirements, and limitations of services and payments.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

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LIMITATIONS ON SERVICES

9. Clinic Services

Payment for clinic services is in accordance with 42 CFR 440.90, and is subject to published rules and instructions, and prior authorization of payment for selected elective and rehabilitative procedures. Other selected procedures are not covered based on unproven efficacy and/or non-coverage by Medicare and other major third party payors, and after concurrence by appropriate provider representation. The AFS practitioner services guides set forth the procedures for which payment will not be made, for which prior authorization is required, or for which other program controls are applied. All rules and instructions governing billing and payment are set forth in the guides. The Current Procedural Terminology (CPT) and HCPCS codes are the basis for medical terminology and procedure descriptions.

Reimbursement for non-emergency services provided by out-of-state clinics, other than in contiguous areas, must be prior authorized. However, payment for services to foster children and children in subsidized adoption who are placed by the Children's Services Division anywhere in the United States or Canada is made on the same basis as services provided in Oregon.

89-33
86-28

LIMITATIONS ON SERVICES (Cont.)

10. Dental Services

Dental Services provided are:

EPSDT services for children

Some services are subject to prior authorization. Limitations are described in the Dental Services guide.

11a. Physical Therapy

Physical therapy is provided according to a plan of treatment. OMAP Physical and Occupational Therapy Guide describes services provided, prior authorization requirements, and limitations of services and payments.

11b. Occupational Therapy

Occupational therapy is provided according to a plan of treatment. OMAP Physical and Occupational Therapy Guide describes services provided, prior authorization requirements, and limitations of services and payments.

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LIMITATIONS ON SERVICES (Cont.)

11c. Services for Individuals with Speech, Hearing and Language Disorders

Speech pathology or audiology services are provided according to a plan of treatment. OMAP Speech-Language Pathology, Audiology and Hearing Aid Services Guide describes services provided, prior authorization requirements, and limitations of services and payments.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment.

LIMITATIONS ON SERVICES (Cont.)**12.a. Prescribed Drugs**

All legend drugs will be covered subject to payment for the generic form, where available and prior authorization for those items listed in Division Administrative Rules. Applies to categorically needy only.

Payment will not be made for a drug product which is described in Section 107(c)(3) of the Federal Drug Amendment of 1962, which may be dispensed only upon prescription, for which the Secretary of HHS has issued a Notice of Opportunity for a Hearing under Section (e) of Order of the Secretary to withdraw approval of an application for such drug product under such Section because the Secretary has determined that the drug is less than effective for all conditions of use prescribed, recommended, or suggested in its labeling and for which the Secretary has not determined there is a compelling justification for its medical need; and any other drug product which is identical, related, or similar to a drug product described above for which the Secretary has not determined there is a compelling justification for its medical need, until the Secretary withdraws such proposed Order.

Payment will not be made for a drug product that is manufactured or labeled by companies that are not participating in the Medicaid Prudent Pharmaceutical Purchasing program. Payment will not be made for most non-legend drugs for adults age 21 and over.

12.b. Dentures

Dentures are not covered for adults.

Dentures are covered for children under the EPSDT Program.

12c. Prosthetic Devices

Prosthetic devices are provided. OMAP Durable Medical Equipment and Medical Supplies Guide describes services provided, prior authorization requirements, and limitations of services and payments.

12.d. Eyeglasses

OMAP Visual Services Guide describes services covered and limitations which apply.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

STATE OF OREGON

LIMITATION ON SERVICES

13.c. Preventive Services for HIV Infected Individuals

Coverage of HIV/AIDS Prevention Services are provided subject to OMAP rules.

HIV/AIDS Prevention Services are provided for individuals seeking HIV/AIDS counseling and testing services and to all HIV seropositive clients. These interventions aim to control and/or stop the spread of HIV/AIDS through prevention efforts and to prevent secondary or opportunistic infections. The services include the provision of medical services as well as the management of behavioral and nutritional factors and HIV-risk reduction techniques.

Providers of HIV/AIDS Prevention Services are trained and certified by the HIV/AIDS Prevention Services Program by the Oregon Health Division, following the protocols established by the Oregon Health Division for this program.

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LIMITATIONS ON SERVICES (Cont.)**13.c. Preventive Services**

Immunization is provided for individuals against diphtheria, pertussis, tetanus, polio, measles (rubeola), mumps, rubella (German measles) where such immunization is not available without cost through a local Health Department.

Immunizations are provided for individuals in conjunction with exposure to or affliction with specific disease entities. Such entities include rabies, influenza, pneumococcal pneumonia, hepatitis, botulism, snake bite, etc., as well as some of those mentioned above where such immunization is not available without cost through the local Health Department, or other source.

Payment will be made for vaccines prescribed by a physician as a legend drug (such practice is followed to protect nursing home residents against influenza or pneumonia where there has been exposure or likelihood of exposure).

13d. Rehabilitative Services in Psychiatric Day Treatment Centers

Rehabilitation services are the core medical or remedial services to be provided on a state-wide basis to eligible Medicaid recipients through facilities comparable to day treatment centers. All participating facilities must meet Children's Services Division and Mental Health Division standards for day treatment programs and therefore have the capacity and professional staffing to provide complete services in all designated core areas. These core areas are defined as follows:

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